POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JAS		1-28-00
O.I.P.E. CLASSIFIER	RS_		
FORMALITY REVIEW		_H_77	3-8-00
RESPONSE FORMALITY REVIEW		__77	4-5-00

INDEX OF CLAIMS

✔	.... Rejected		N	....	Non-elected
=	.... Allowed		I	....	Interference
—	(Through numeral)... Canceled		A	....	Appeal
÷	.... Restricted		O	....	Objected

Claim		Date						
Final	Original							
	1		N					
	2		N					
	3		N					
	4		N					
	5		N					
	6		N					
	7		N					
	8		N					
	9		N					
	10	N	N					
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	17	N	N					
	18		N					
	19		N					
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	27							
	28	N						
	29	÷	✔					
	30	÷	✔					
	31	÷	✔					
	32	÷	✔					
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	34	÷	✔					
	35	÷	✔					
	36	÷	✔					
	37	÷	✔					
	38	÷	✔					
	39	÷	N					
	40	÷	N					
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Claim		Date						
Final	Original							
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Claim		Date						
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If more than 150 claims or 10 actions
staple additional sheet here

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